

KANAUTICA ZAYRE-BROWN,
Plaintiff

vs.

THE NORTH CAROLINA DEPARTMENT
OF PUBLIC SAFETY, et al.
Defendants

DEPOSITION

OF

JOSEPH V. PENN, M.D.

August 8, 2023 - 9:12 A.M.

NORTH CAROLINA DEPARTMENT OF JUSTICE
114 WEST EDENTON STREET
RALEIGH, NORTH CAROLINA

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1 or impairment?

2 A. Yes.

3 Q. I'd now like to hand you what I would ask the court
4 reporter to mark as Exhibit-10.

5 - - -

6 (Document marked as Exhibit-10 for
7 identification.)

8 - - -

9 BY MS. MAFFETORE:

10 Q. The court reporter has handed you Exhibit-10 which is
11 a document bates stamped DAC 728. I will represent to you that
12 it is a North Carolina Department of Public Safety Mental
13 Health Progress Note dated 4/28/2021 pertaining to Mrs.
14 Zayre-Brown.

15 Do you recognize this document?

16 A. Yes.

17 Q. Under Progress Towards Goals -- do you see where I'm
18 referring to?

19 A. Yes.

20 Q. It notes Mrs. Zayre-Brown expressed many concerns
21 about not having her appointment with UNC-CH urology scheduled
22 yet. She gave a number of examples of how this is increasing
23 her dysphoria, and she decided to put a band on her penis until
24 her appointment is scheduled. She said she has had the band on
25 for a week and a half. She was cautioned about the effects of

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1 impeding blood flow and risk of infection. As described above,
2 the undersigned spoke with Ms. Catlett, and she was able to
3 convey to Mrs. Zayre-Brown how Ms. Catlett has been on top of
4 it and has worked hard to facilitate this appointment. Ms.
5 Zayre-Brown then agreed to take the band off her penis. The
6 rest of the session addressed her specific concerns about
7 having part of a penis left and what defines a woman. She
8 explained it does not bother her if she is called fat or ugly
9 but stated if she is called a man there is no tool in the
10 toolbox to manage that. She stated I can't live with this
11 anymore, and said the situation was acute now and not chronic.
12 She also stated she is not complete now and that I'm ready to
13 be complete.

14 Did I read that correctly?

15 A. Yes.

16 Q. Did you review this medical record before concluding
17 that Mrs. Zayre-Brown does not have significant mental distress
18 and impairment?

19 A. Yes.

20 MS. MAFFETORE: I'm now going to hand you what
21 I will ask the court reporter to mark as Exhibit-11.

22 - - -

23 (Document marked as Exhibit-11 for
24 identification.)

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1 BY MS. MAFFETORE:

2 Q. Exhibit-11 is a document that was produced in
3 discovery bates marked DAC 695. I will represent it's the
4 North Carolina Department of Public Safety Mental Health
5 Progress Note dated September 16, 2021 pertaining to Mrs.
6 Zayre-Brown.

7 Have you seen this document before?

8 A. Yes.

9 Q. Under Progress Towards Goals, the last two sentences
10 note she admitted that she had briefly considered putting a
11 rubber band around her phallus as a means of forcing surgical
12 intervention. The writer explained that Ms. Brown would only
13 undermine her chances for gender-affirming surgery if she was
14 considered to be emotionally unstable for treatment. She
15 acknowledged understanding.

16 Did I read that correctly?

17 A. Yes.

18 Q. Is this one of the documents that you reviewed before
19 concluding that Ms. Zayre-Brown does not have significant
20 mental stressor impairment?

21 A. Yes.

22 MS. MAFFETORE: I'm now going to hand the court
23 reporter what will be marked as Exhibit-12.

24 - - -

25 (Document marked as Exhibit-12 for

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1 identification.)

2 - - -

3 BY MS. MAFFETORE:

4 Q. Exhibit-12 is a document produced to us in discovery
5 bates marked DAC 680. I will represent to you it is a North
6 Carolina Department of Public Safety General Administrative
7 Note dated November 2, 2021 regarding Mrs. Kanautica
8 Zayre-Brown.

9 Do you recognize this document?

10 A. Yes.

11 Q. The document notes under comments, Offender Brown made
12 a statement of self-harm during today's FTARC, indicating that
13 if she did not receive an update about progress on the decision
14 regarding DTARC determination re: requested surgery, she would
15 mutilate her phallus, referred to in earlier documentation as
16 taking matters into her own hands.

17 Did I read that correctly?

18 A. Yes.

19 Q. Did you review this medical record or this
20 administrative note before concluding that Mrs. Zayre-Brown
21 does not have significant mental distress or impairment?

22 A. Yes.

23 MS. MAFFETORE: I'm now going to hand you what
24 I ask the court reporter to mark as Exhibit-13.

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(Document marked as Exhibit-13 for
identification.)

BY MS. MAFFETORE:

Q. Exhibit-13 is a document that was produced to us in
discovery which is bates stamped DAC 666 on the first page. I
will represent to you that it is a North Carolina Department of
Public Safety Mental Health Progress Note, December 6, 2021,
relating to Kanautica Zayre-Brown.

Do you recognize this document?

A. Yes.

Q. On page two of the document at the top. Document
notes under the subheading Progress Towards Goals, which is at
the bottom of the previous page, reduced feelings of dysphoria,
measured by rating dysphoric feelings on a scale from zero to
10. Zero equals no dysphoria. 10 equals extreme dysphoria.
By being five or below at least three days a week. Today
Offender Brown reported a Level of 11, it's high.

Did I read that correctly?

A. Yes.

Q. Did you review this medical record before concluding
that Mrs. Zayre-Brown does not have severe mental distress or
impairment?

A. Yes.

1 Q. You can set that to the side. I'm done with that
2 document. Can someone be close with their family members and
3 still experience significant distress?

4 A. Yes.

5 Q. You note that Mrs. Zayre-Brown doesn't suffer from
6 distress because she worked in the commissary. Are you aware
7 of whether that employment ended in 2020?

8 MR. RODRIGUEZ: Objection. Mischaracterization
9 of testimony. You can answer.

10 THE WITNESS: I don't know the specific reason,
11 if she asked to terminate her employment or if it was because
12 of her disciplinary. But the review of these documents does
13 recall and refresh my memory that all of these threats of
14 self-harming her phallus were conditional.

15 MS. MAFFETORE: I'm going to object to that
16 answer as non-responsive because I asked you whether or not the
17 employment at the commissary ended in 2020.

18 MR. RODRIGUEZ: And he answered that and then
19 he was proceeding to discuss the exhibits that you just gave
20 him to.

21 MS. MAFFETORE: I asked if he reviewed them.
22 That was my question.

23 MR. RODRIGUEZ: Right.

24 MS. MAFFETORE: Right.

25 THE WITNESS: So what I was answering was that

1 she had received a major disciplinary case and was placed in
2 restrictive housing because she assaulted a peer who had
3 allegedly teased her about her phallus or made some statement
4 about her phallus. So all of these suicidal or talk of
5 self-harm to her phallus were all conditional. The first set
6 that you showed me had to do with she was facing restrictive
7 housing disciplinary status --

8 MS. MAFFETORE: I'm just once again going to
9 object to this as nonresponsive. Your counsel will have
10 opportunity to ask you follow-up questions, if he wishes. But
11 I have a limited amount of time with you today, so I need you
12 to be responsive to the questions that I'm asking.

13 MR. RODRIGUEZ: Hold on, Dr. Penn. So he
14 answered the question --

15 MS. MAFFETORE: Should we go off the record for
16 a second?

17 MR. RODRIGUEZ: No. No. We're going to stay
18 on the record. He answered your question and now he's giving
19 some testimony about the documents that you gave to him.

20 MS. MAFFETORE: Right. But I didn't ask him
21 any other questions about the documents that he gave to me. If
22 you would like to ask him questions about those documents
23 you're more than welcome to.

24 MR. RODRIGUEZ: Oh, I know that I can ask
25 questions. But are you telling him that you would no longer

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1 like for him to speak about the exhibits that you gave to him?

2 MS. MAFFETORE: If I have follow-up questions
3 about the exhibits I would be very happy for him to answer
4 those questions.

5 MR. RODRIGUEZ: Fair enough. So we'll let her
6 ask her next question and then you can answer.

7 BY MS. MAFFETORE:

8 Q. Can someone pursue educational opportunities and still
9 be experiencing significant distress?

10 A. Yes.

11 Q. In your opinion, is Mrs. Zayre-Brown considered
12 stable?

13 A. So I have to clarify my response to answer your
14 question. And in my -- what was the question again?

15 Q. In your opinion, is Mrs. Zayre-Brown considered
16 stable?

17 A. Yes. Because all of these were conditional suicidal
18 statements of self-harm, putting a rubber band around her
19 phallus because she was unhappy with the delay in getting
20 referred to the surgeon, and then two, the other situation had
21 to do with she was facing restrictive housing. It probably had
22 an affect on her maybe losing her job, her employment, but she
23 was hopeful and future oriented. In the documents you
24 presented to me she talks about working in cosmetology, talking
25 about losing weight to meet the criteria for the surgery, and

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1 other things that were hopeful and future oriented. So yeah, I
2 mean, anything is possible. But based on my review of these
3 documents, to answer your question, Ms. Brown was stable,
4 clinically stable.

5 Q. In your opinion, does Mrs. Zayre-Brown have any
6 comorbid medical conditions or mental health conditions rather?

7 A. In my opinion, yes.

8 Q. And what is that based on?

9 A. So again, I requested the opportunity to perform an
10 evaluation of Ms. Brown and that was declined or refused. But
11 based on my video review -- sorry, my review of the videotaped
12 deposition Mr. Rodriguez performed and the transcript, based on
13 review of all the medical records and prison records, based on
14 my review of Dr. Boyd's evaluation, based on -- and testing,
15 based on my review of Dr. Ettner's report and records, Ms.
16 Brown potentially has -- I can't definitively say, but she
17 probably has significant trauma from childhood neglect and
18 abuse because she had been raised in foster care. I think her
19 mom was 13 when she gave birth to her. She was pretty much
20 estranged from her mother, was put into Child Protective
21 Services, had been in the Department of Public Safety for
22 juvenile offending behaviors for I think five years. So she
23 clearly had a trauma history. There's some allegations or --
24 sorry, not allegations. There are some references in records
25 to possible [REDACTED]. So I don't have enough as we sit

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1 here today to say definitively she has PTSD, but she definitely
2 has features that are strongly suggestive of past trauma, abuse
3 and neglect. There's also -- I can't remember. I believe Dr.
4 Boyd on some of her testing there's the possibility of bipolar
5 disorder symptoms or traits, and similarly there's a
6 possibility of some antisocial versus borderline personality
7 traits. And then from a medical perspective I understand the
8 main issue is she's obese. She's overweight. I don't recall
9 any other chronic medical diseases. And I think that's it.

10 Q. Is it your opinion that any comorbid condition from
11 which Mrs. Zayre-Brown suffers is not well controlled?

12 A. What I would say is when Mrs. Brown doesn't get --
13 doesn't get or perceive to get what she thinks she should or is
14 entitled to, she reacts very impulsively and puts herself at
15 risk and that is strongly suggestive of a personality disorder
16 and untreated trauma. I would say her comorbid complaints are
17 stable at present but could definitely -- she definitely could
18 benefit from additional counseling and therapy. It appears, in
19 my opinion, that she has been focused a hundred percent on her
20 gender surgery to the exclusion of seeking counseling or
21 therapy to deal with impulse control, affect regulation,
22 dealing with bad news or when things don't go her way impulse
23 control, making better choices, social skills training, how to
24 deal with individuals who might misgender her or make negative
25 comments about her genitalia. So those are definite treatment

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1 services that she would benefit from that would further help
2 her achieve clinical -- further clinical stability.

3 Q. What is your understanding of whether under the WPATH
4 standards an individual needs to be considered stable in order
5 to be a candidate for gender-affirming surgery?

6 A. I'm not sure if there's language about stable. What I
7 understand, the WPATH has changed. WPATH SOC 7 used to have a
8 requirement that there had to be two, either psychologist
9 and/or psychiatrist, or two psychiatrists or two psychologists,
10 but they had to be both doctoral level and they had to
11 essentially clear the individual and say there was no mental
12 health contraindication to surgery. I understand in WPATH SOC
13 8 that that's been reduced. And I think now it's not
14 necessarily a clearance or do they have the capacity for the
15 surgery or there are not any mental health contraindications,
16 but it's more of a referral. If a referring treating source
17 mental health clinician refers -- I think only one letter is
18 needed now and I could be wrong on that. But that's what my
19 understanding of the new WPATH is. It's less prescriptive
20 about the two evaluations done by doctoral level mental health
21 staff.

22 Q. Is your understanding that someone needs to ascertain
23 that an individual's comorbid mental health conditions are
24 sufficiently under control for them to be a candidate for
25 surgery?

1 A. I would say that's fair.

2 Q. On page 32 of your report, Exhibit-1. You note the
3 lack of such indications of distress in a patient's medical
4 chart is an important consideration when determining whether a
5 given intervention is medically necessary. This is because if
6 there is reason to believe that the intervention is necessary
7 to prevent, and will be effective at ameliorating, such severe
8 distress, harm, or disability, then the intervention might be
9 said to be medically necessary.

10 Did I read that correctly?

11 A. I would say yes. But the sentence in front of that
12 has to be read in conjunction with that last sentence that you
13 said about that my review of Mrs. Kanautica Brown's medical
14 records demonstrate that whatever distress she may have had as
15 a result of her gender dysphoria, it was and is well managed,
16 not severe, and is not causing any impairments to her daily
17 living activities in a correctional setting.

18 Q. How frequently do you believe gender-affirming surgery
19 has been ineffective in ameliorating gender dysphoria?

20 MR. RODRIGUEZ: Objection.

21 BY MS. MAFFETORE:

22 Q. Based on your expertise.

23 MR. RODRIGUEZ: Same objection. You can
24 answer.

25 THE WITNESS: So my review of the Dhejnee

1 article -- I think it's D-h-e-j-n-e-e -- is that in that study
2 -- it's the only study that I'm aware of that was published
3 longitudinally looking at individuals who have undergone
4 gender-affirming genital surgery -- had mixed results. And in
5 fact some individuals engaged and completed suicide and others
6 had other similar types of distress and I believe there was
7 some regret. Some individuals recounted regret in having
8 undergone the surgery. So to the best of my knowledge, based
9 on my literature review, and I think Dr. Li also referenced
10 that in her report, there is that real risk of the surgery not
11 necessarily being curative or helpful and actually potentially
12 being harmful.

13 Q. So I asked you how frequently do you believe that
14 gender-affirming surgery has been ineffective at ameliorating
15 gender dysphoria?

16 MR. RODRIGUEZ: Same objection. Speculation.
17 You can answer.

18 THE WITNESS: Because it hasn't been formally
19 studied in a prospective, controlled manner I'm not able to
20 answer your question. I would say it's highly variable.

21 BY MS. MAFFETORE:

22 Q. Do you have reason to believe that gender-affirming
23 surgery would be ineffective in ameliorating Mrs. Zayre-Brown's
24 gender dysphoria?

25 A. My testimony would be that Mrs. Brown has some other

1 chronic mental health conditions. I mentioned the trauma,
2 possible PTSD, possible personality disorder that the surgery
3 will not do anything to correct or ameliorate. So it's
4 possible that the surgery might help her gender dysphoria, but
5 the other conditions will likely -- the surgery doesn't address
6 or treat any of those other primary mental disorders, in my
7 opinion.

8 Q. And so my question was do you have any reason to
9 believe gender-affirming surgery would be ineffective in
10 ameliorating specifically Ms. Zayre-Brown's gender dysphoria?

11 MR. RODRIGUEZ: Asked and answered. You can
12 answer.

13 THE WITNESS: So I would say, as I testified to
14 earlier, her whole focus to date has now been on the gender
15 dysphoria and on the surgery. That's her whole life. In fact,
16 as I understand it, she is -- there's some media coverage.
17 There's some -- which is an additional stressor. At this
18 point, as we sit here today, in my professional opinion, it's
19 not -- it is not clear or definitive that she would -- that her
20 gender dysphoria would be completely ameliorated by the surgery
21 because there's other physical findings that she presents with
22 that the gender genital surgery would not address.

23 Q. What are those findings?

24 A. Her physical presentation. She has several secondary
25 sex characteristics, her body frame, her body appearance, her

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1 habitus, her voice, her jawline, jaw structure, the breadth of
2 her shoulders, her hand size, her size in general. I could go
3 on and on, but there's multiple physical features that whether
4 she has the surgery or not, people are probably going to
5 continue to misgender her. And she has identified herself,
6 repeatedly she stated that her biggest fear is that somebody
7 will misgender her and whether she has a phallus or not. It's
8 my professional opinion that she will likely continue to
9 probably be misgendered, whether she has the surgery or not.
10 And will then continue to demonstrate gender dysphoria, in my
11 professional opinion.

12 Q. In any of the records that you reviewed did Mrs.
13 Zayre-Brown identify her voice as a source of gender dysphoria?

14 A. I don't recall.

15 Q. In any of the records that you reviewed did Mrs.
16 Zayre-Brown identify her height as a source of her gender
17 dysphoria?

18 A. I don't recall.

19 Q. In any of the records that you reviewed did Mrs.
20 Zayre-Brown identify the size of her hands as a source of her
21 gender dysphoria?

22 A. I don't recall.

23 Q. In any of the records that you reviewed did Mrs.
24 Zayre-Brown identify the width of her shoulders as a source of
25 her gender dysphoria?

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1 A. Not that I recall.

2 Q. In any of the records that you reviewed did Mrs.
3 Zayre-Brown identify any physical feature other than her
4 genitals as a source of her gender dysphoria?

5 A. Well, she has had -- she reported and I saw that in
6 her medical chart, she's had multiple surgeries to date. A
7 breast augmentation, fillers, body contouring, she had some
8 chin procedure I can't recall the name of. She's had multiple
9 surgeries, but I don't recall in the health care records or
10 other records that I reviewed if she reported any other
11 distress from any of those past surgeries. Sorry, I -- I'm
12 trying to -- I thought I recalled that she did have distress
13 from one of the surgeries. Yes, when she had the orchiectomy,
14 the removal of the testicles, she experienced some postsurgical
15 complications according to the medical chart, even though she
16 was in the prison system and they were giving her wound care
17 and dressings. I recall that she had pain and distress from
18 that.

19 Q. So now I'll just reiterate that my question was other
20 than her genitalia.

21 A. To the best of my recollection I don't recall any
22 other distress from body appearance or both features in the
23 records that I reviewed.

24 Q. Okay. Thank you. Are you aware of whether Dr. Boyd
25 testified that surgery would be psychologically beneficial for

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1 Mrs. Zayre-Brown in the treatment of her gender dysphoria?

2 A. I don't recall.

3 Q. Do you agree with Dr. Boyd that surgery would be
4 psychologically beneficial to Mrs. Zayre-Brown in the treatment
5 of her gender dysphoria?

6 A. I can't answer that yes or no because there's a risk
7 that she might have a serious complication from the anesthesia
8 or surgery and whether the surgery is successful or not, she
9 could have significant complications. And it could worsen her
10 overall life with or without affecting her gender dysphoria.

11 Q. So in your opinion, what are the risks of Kanautica
12 specifically undergoing surgery?

13 A. Well, there's a laundry list. I would be happy to
14 refer to Dr. Figler's evaluation where he lists them. But as I
15 understand, and again, I'm not a surgeon or anesthesiologist,
16 but there's a risk of death, heart attack, pneumonia,
17 infection, paralysis, scarring, compartment syndrome. There's
18 a term called cosmesis or something to that effect where one is
19 not happy with the surgical -- their perception of how it's
20 going to turn out doesn't match with how it turns out. And
21 there's several other complications. Nerve injury. I used
22 paralysis earlier. Fistula. There's a risk of hair is in the
23 vaginal cavity. That could be problematic.

24 Q. Is your understanding that the procedure that Mrs.
25 Zayre-Brown is seeking would create a vaginal cavity?

1 A. What I understand is she's seeking a vulvoplasty, but
2 originally had been thinking of a vaginoplasty. But that's a
3 whole separate issue because there's still ambivalence about
4 what surgery would be best for her. According to Dr. Figler's
5 report or his note there was some question about which would be
6 appropriate for her. I am not a surgeon. I can't speak to
7 this, but I believe that either when the vulvoplasty or
8 vaginoplasty -- there's a risk of hair cells being in the vulva
9 -- sorry, in the vaginal canal and that could cause problems.
10 So the point I'm trying to make -- I'm getting away from the
11 main things, infection, death, scarring, disfigurement. Those
12 are all real conditions of anesthesia, to include death from
13 cardiac arrhythmia. Ms. Kanautica Brown is obese. She could
14 have surgical complications for her weight. Pneumonia. So
15 there's a laundry list of risks of surgery.

16 Q. Are the risks that you just identified unique to
17 gender-affirming surgery?

18 A. I believe there are several risks that are specialized
19 to gender-affirming surgery, but they also would apply to any
20 kind of general anesthesia or alternatively being placed into
21 the lithotomy position for extended periods of time. And I
22 understand from Dr. Figler's note that she would have to be in
23 that position for several hours to undergo the surgery.

24 Q. So you stated that Mrs. Zayre-Brown's weight is a
25 concern. Are you aware of whether Mrs. Zayre-Brown was

1 required to lose a certain amount of weight in order to be
2 considered a candidate for surgery by Dr. Figler's office?

3 A. Yes.

4 Q. Are you aware of whether she lost that weight?

5 A. I recall that she had lost -- I think she went from
6 275 to 240. But the videos that I reviewed both of the
7 deposition and of the interview with Dr. Boyd -- again, I'm not
8 trying to be insensitive, but Ms. Brown appeared obese, in my
9 training as a physician. So I didn't see anywhere where a
10 recent weight had been recorded. So I don't know her weight
11 status as of today or the last week or so.

12 Q. Are you aware of whether at the time that the DTARC
13 denied Mrs. Zayre-Brown's surgery whether or not she had
14 achieved the weight goal set forth by Dr. Figler's office for
15 her to receive the surgery?

16 A. I don't recall if they made a determination of that.
17 I think she had dropped down to like 245. But whether that met
18 their criteria, I don't recall, as we sit here today.

19 Q. If Mrs. Zayre-Brown had achieved the weight
20 recommended by Dr. Figler's office to make her a candidate for
21 surgery, do you have any other reason to believe that she is at
22 high risk for complications for surgery?

23 A. Yes.

24 Q. What are those reasons?

25 A. Well -- and I already listed it earlier and I think

1 you interrupted me. I said she had a complication before when
2 she had her orchiectomy. It didn't heal well and she had some
3 pain. The wound dehiscenced, it spread. And so the best
4 predictor of past is future -- I'm sorry, the best predictor of
5 future is the past. Sorry, I got that backwards. So she has
6 had a history of postsurgery complications and healing. Anyone
7 is subject to surgical risks regardless of one's weight.
8 Everyone theoretically could have risk from general anesthesia
9 and surgery.

10 Q. In your opinion, is there any risk of Mrs. Zayre-Brown
11 regretting the procedure?

12 A. Certainly.

13 Q. What is your basis for that opinion?

14 A. Well, it's based on the Dhejnee article that I
15 mentioned earlier that the literature is limited, but the one
16 study that shows longitudinal followup of individuals that have
17 had the type of surgery that Mrs. Brown is seeking, there was
18 some patients that experience complications and -- and I have
19 read of other articles by urology -- in urology journals that
20 describe the risks of complications with the surgery also.

21 Q. What specific to Mrs. Zayre-Brown's circumstances lead
22 you to believe that she is at risk of regretting the procedure?

23 A. Because she's the only one that -- when she -- if and
24 when the phallus is removed, she will be the only one that can
25 identify that she no longer has a phallus. She still appears

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1 typically as a male -- sorry, transgendered female. But she
2 still has several secondary sex characteristics that would
3 suggest her being transgendered. So in my professional opinion
4 having genital surgery is not going to cure all of her gender
5 dysphoria. Plus, she has the comorbid likely mental health
6 conditions that I described earlier, that I testified to
7 earlier.

8 Q. What risk, if any, do you think there is that Mrs.
9 Zayre-Brown's gender dysphoria will worsen if she is not
10 provided gender-affirming surgery before her release date?

11 A. Anything is possible. She has stated that she's put a
12 rubber band around her phallus. She stated that she plans to
13 scratch or rub the skin off her phallus. So it's possible that
14 she could develop a skin infection, or alternatively, if she
15 does in fact amputate or auto amputate her phallus, that could
16 occur. So there are some risks that she will further attempt
17 to self-harm her genitalia. That's fair.

18 Q. In your opinion, do you think Mrs. Zayre-Brown's
19 gender dysphoria will improve if she is not given
20 gender-affirming surgery, if she retains her phallus?

21 A. What I would testify to is that she is totally a
22 hundred percent focused on this one surgery to the neglect of
23 her other lifelong issues. I would say I don't currently have
24 an opinion because my opinion is guarded without -- without
25 knowing that she is making an effort to begin to work on her

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1 other trauma and abuse and neglect issues and relational
2 issues, in my professional opinion, my opinion is guarded. I
3 don't have an opinion regarding what the surgery or not having
4 the surgery, what impact it would have on her gender dysphoria.

5 Q. Understood.

6 MS. MAFFETORE: Can we go off the record for
7 just one second?

8 - - -

9 (Discussion held off the record, 4:13 p.m. 4:13
10 p.m.)

11 - - -

12 BY MS. MAFFETORE:

13 Q. I would now like to look at your report, Exhibit-1 at
14 page 33. So you state on page 33 at the top it is my opinion,
15 based on my education, training, and experience, that there is
16 a lack of high-quality scientific and medical literature
17 indicating the long-term efficacy of gender-affirming surgery
18 as a treatment for gender dysphoria.

19 Did I read that correctly?

20 A. Yes.

21 Q. Are you holding yourself out as an expert in the
22 quality of scientific evidence in this case?

23 A. No.

24 Q. Are you holding yourself out as an expert in
25 statistical methodology in this case?